

Moving Health Care Providers into Action: the Role of Academic Detailing

Strategies to achieve patient-centered/evidence-based care



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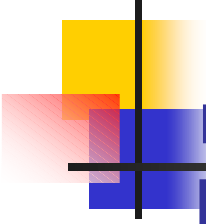
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Objectives

- Describe the role of academic detailing in improving patient outcomes through evidence-based drug-therapy decisions
 - Review clinical and economic impact of academic detailing programs
 - Describe the outreach efforts of South Carolina academic detailing service, SCORxE
- Discuss additional opportunities for pharmacists to impact patient outcomes as members of PCMH multidisciplinary teams



“Pharmaceuticals are the most common medical intervention, and their potential for both help and harm is enormous. Ensuring that the American people get the most benefit from advances in pharmacology is a critical component of improving the national health care system.”

The Institute of Medicine (IOM)¹

“Drugs Don’t Work in People that Don’t Take Them”

**C. Everett Koop, MD
Former Surgeon General**

1 The Institute of Medicine, National Academy of Sciences. Informing the future: Critical issues in health. Fourth edition, page 13.
<http://www.nap.edu/catalog/12014.html>

Prescribing Factoids



“ Four out of Five patients leave an office visit with at least one prescription

“ In 2004 average number of prescriptions written for people ≥ 65 years old during a physician's visit was 1.7, for people 45-64 years old was 1.3, and for ≤ 44 years old the average prescriptions written was 1.

“ One-third of all American adults take 5 or more medications

“ Medicare beneficiaries with multiple illnesses:

“ See an average of 13 different physicians

“ Have 50 different prescriptions filled each year

“ Account for 88% of all prescriptions filled



Antibiotic Prescribing



- More than 160 million antibiotic prescriptions are written each year in US
 - 20-50% of these are unnecessary
 - Incidence of diarrhea: 1 in 4; incidence of rash: 1 in 50
- **One in 4000** chance that an antibiotic will help most acute upper respiratory infections.
- **One of every 1000** antibiotic prescriptions written will result in ED visit for adverse event
 - One in 5 ED visits for ADEs are due to antibiotics
 - 80% are allergic reactions

Prescribing in South Carolina

- Average number of retail prescription drugs filled at a pharmacy per person in 2009 was 16.6, with a national average of 12 per person
- Average number of prescriptions drugs filled at a pharmacy per person in 2009, which includes new and refills:
 - Age 0-18: 5.5 prescriptions
 - Age 19-64: 16 prescriptions
 - Age 65+: 39.2 prescriptions





What factors influence prescribing of medications?





Factors that Influence Prescribing

■ Providers

- Patient/family expectations
- Cost
- Evidence
- Clinical experience
- Recommendations from peers/specialists
- Samples
- Pharmaceutical marketing
- Practice setting
- Insurance coverage/copays
- **'Termination Strategy'**

■ Patients

- Cost and availability
 - Formulary limits
- Expectations
- Direct to consumer advertising **'brand demand'**
- Formulation/delivery system
- Side effects
- Internet and media
- Friends and family



Principles of Conservative Prescribing

- Think beyond drugs
- More strategic prescribing
- Heightened adverse effects vigilance
- Caution and skepticism regarding new drugs
- Shared agenda with patients
- Weigh long-term, broader impacts



Principles of Conservative Prescribing

- **Caution and skepticism regarding new drugs**
 - Learn about new drugs and new indications from unbiased sources and from colleagues with reputations for conservative prescribing
 - Do not rush to use new drugs, for new adverse effects often emerge later
 - Be certain drugs improve clinical outcomes rather than solely modify a surrogate marker
 - Do not stretch indications away from trial-based evidence
 - Avoid seduction by elegant pharmacology or physiological mechanisms in the absence of demonstrated clinical outcomes benefit
 - Beware of selective reporting or presentation of studies



Strategies to Assist Patient-centered, Evidence-based Prescribing Practices

- Use of evidence-based information resources
- Developing process for evaluating new drugs
 - STEPS
- Establishing practice policies for more effective interactions with pharmaceutical industry
- Utilization of clinical pharmacists as members of patient care team
- Support of and interaction with Academic detailing resources



Academic Detailing

- Improving precision and economy in the prescribing of drugs is a goal whose importance has increased with the proliferation of new and potent agents and with growing economic pressures to contain healthcare costs.
- Academically based "detailing" may represent a useful and cost-effective way to improve the quality of drug-therapy decisions and reduce unnecessary expenditures.



What is Academic Detailing:

Social Marketing Approach to Behavior Change

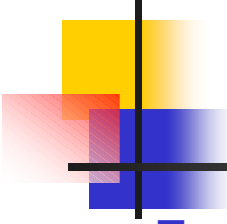
- Assessment of motivation for current practice and barriers to change
- Developing programs for specific physician targets and opinion leaders
- Developing objectives
- Establishing credibility
- Encouraging physician participation
- Using concise educational materials
- Repeating key messages
- Providing reinforcement through subsequent visits



What is Academic Detailing?

- Personalized support for improving knowledge and clinical decision-making through:
 - Periodic one-to-one encounters
 - To health care professionals in their own personal practice, time and space
 - From skilled health care professionals
 - Discussing topics of interest
 - Delivering clear messages which are relevant to the health care professionals' own perceived needs . facilitating better patient care
 - Unbiased by commercial or other extraneous interests
 - Useful support services between visits

. Adapted from Frank May MAppSci(Pharm), FISPE, DATIS Service Director



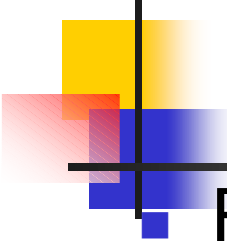
Improving Drug-Therapy Decisions through Educational Outreach — A Randomized Controlled Trial of Academically Based Detailing

■ Primary Objective

- Determine whether an office-based physician education program could reduce the excessive use of three drug groups: cerebral and peripheral vasodilators, an oral cephalosporin, and propoxyphene.

■ Methods

- A four-state sample of 435 prescribers of these drugs was identified through Medicaid records and randomly assigned to one of three groups: mailed ~~ad~~ advertisements, received personal educational visits by clinical pharmacists along with mailings, or control group .



Improving Drug-Therapy Decisions through Educational Outreach — A Randomized Controlled Trial of Academically Based Detailing

Results

- Physicians who were offered personal educational visits by clinical pharmacists along with a series of mailed "unadvertisements" reduced their prescribing of the target drugs by 14 per cent as compared with controls ($P = 0.0001$).
- Comparable reduction in the number of dollars reimbursed for these drugs was also seen between the two groups, resulting in substantial cost savings.
 - No such change was seen in physicians who received mailed print materials only.
- The effect persisted for at least nine months after the start of the intervention,
- No significant increase in the use of expensive substitute drugs was found.



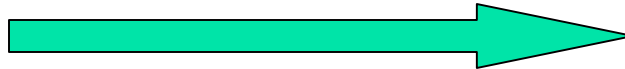
Impact of the ALLHAT/JNC7 Dissemination Project on Thiazide- Type Diuretic Use

- **Results** Physician survey data showed that the percentage of hypertension visits where the physician recorded a thiazide-type diuretic increased the most in counties where academic detailing activity was the highest (an increase of 8.6%, from 37.9% to 46.5%) compared with counties where activity was moderate (an increase of 2%)
- **Conclusions** The ALLHAT/JNC7 Dissemination Project was associated with a small effect on thiazide-type diuretic use consistent with its small dose and the potential of external factors to diminish its impact. Academic detailing may increase physicians' implementation of clinical trial results, thereby making prescribing more consistent with evidence.



Disseminating Information & Changing Provider Behavior

Evidence



Practice



**Complete, scientific information,
with scholarly independence
and no commercial message**

Academic Detailing

**The model of direct one-to-one
salesmanship used
by the pharmaceutical industry**



**User friendly, university-based
educational outreach
from trained clinicians**

Academic Detailing

**Use of effective communication
strategies through face-to-face visits
that are brief, targeted
and interactive**



*The academic detailing service offered by the
South Carolina College of Pharmacy (**SCCP**) at
the **University of South Carolina** and the
Medical University of South Carolina through a
grant from
the South Carolina Department of Health and
Human Services (**SCDHHS**)*

Program Director
Sarah Ball, PharmD
balls@sccp.sc.edu

Why SCORxE?

The number of Medicaid prescriptions in South Carolina for selected disease states has increased without demonstrable improvement in the health of the patients

- Academic detailing is a research- and operationally-validated tool for achieving better value and better outcomes from medical care
- Research shows that interactive techniques such as academic detailing have more impact on prescribing habits than didactic presentations or mailings
- Economic analysis of the original US research which coined the term academic detailing found that for each \$1 spent on their academic detailing program \$2 was saved in Medicaid drug expenditures.¹

Bloom BS. Effects of continuing medical education on improving physician clinical care and patient health; a review of systematic reviews. Int J Technol Assess Health Care 2005;21(3):380-385.

O'Brien MA, Rogers S, et al. Educational outreach visits: effects on professional practice and health care outcomes. Cochrane, Database of Systematic Reviews 2007, Issue 4.

1. Soumerai SB, Avorn, J. Economic and policy analysis of university-based drug detailing. Med Care 1986;24(4):313-331.



What is SCORxE?

- Academic detailing service dedicated to providing physicians with a balanced, evidence-based medication data resource
- Collaborative effort between SCDHHS and SCCP to improve the quality of care for SC Medicaid beneficiaries in the most cost effective manner
- Visits from trained clinical pharmacists to provide information on clinically relevant topics free from commercial influences
- Only state-sponsored initiative in SC to impact prescribing patterns for the treatment of mental health disorders
- Promotes best prescription decisions for all patients in terms of safety, efficacy, tolerability and cost, regardless of medication coverage plans



Persuasive Communication Skills

- Using ~~the~~ key message about a particular topic
 - ***'Features'*** of key messages are interpreted so that they might become ***'benefits'*** in the individual clinician's practice
 - ***'Barriers'*** to buy-in are probed, understood and acknowledged: where possible ***'enablers'*** are used to overcome barriers



SCORxE Topics

- Disease Management (Mental Health as initial focus)
 - Schizophrenia / November 2007
 - Major Depressive Disorder / March 2008
 - Bipolar Disorder / April 2009
- Preventive Care Issues
 - Promotion of Smoking Cessation / November 2010
- Under development
 - ADHD (April 2011)
- Under consideration
 - Asthma
 - Pain management



SCORxE Topics

- Getting patients to their mental best results in improved quality of life for patients and their families and tremendous cost savings for the state
- Tobacco use is the number one cause of preventable morbidity and mortality in the U.S. and a physician's advice and intervention is powerful

Key Messages

- **Q**uestion and document tobacco use at every visit.
- **U**nderstand the challenge to quit and expect relapse.
- **I**dentify readiness to quit to best tailor approach to patient.
- **T**reatment is effective and multiple options allow for individualized interventions.

Academic Detailing in South Carolina

Academic detailing programs create value for public and private payers by promoting evidence-based prescribing.

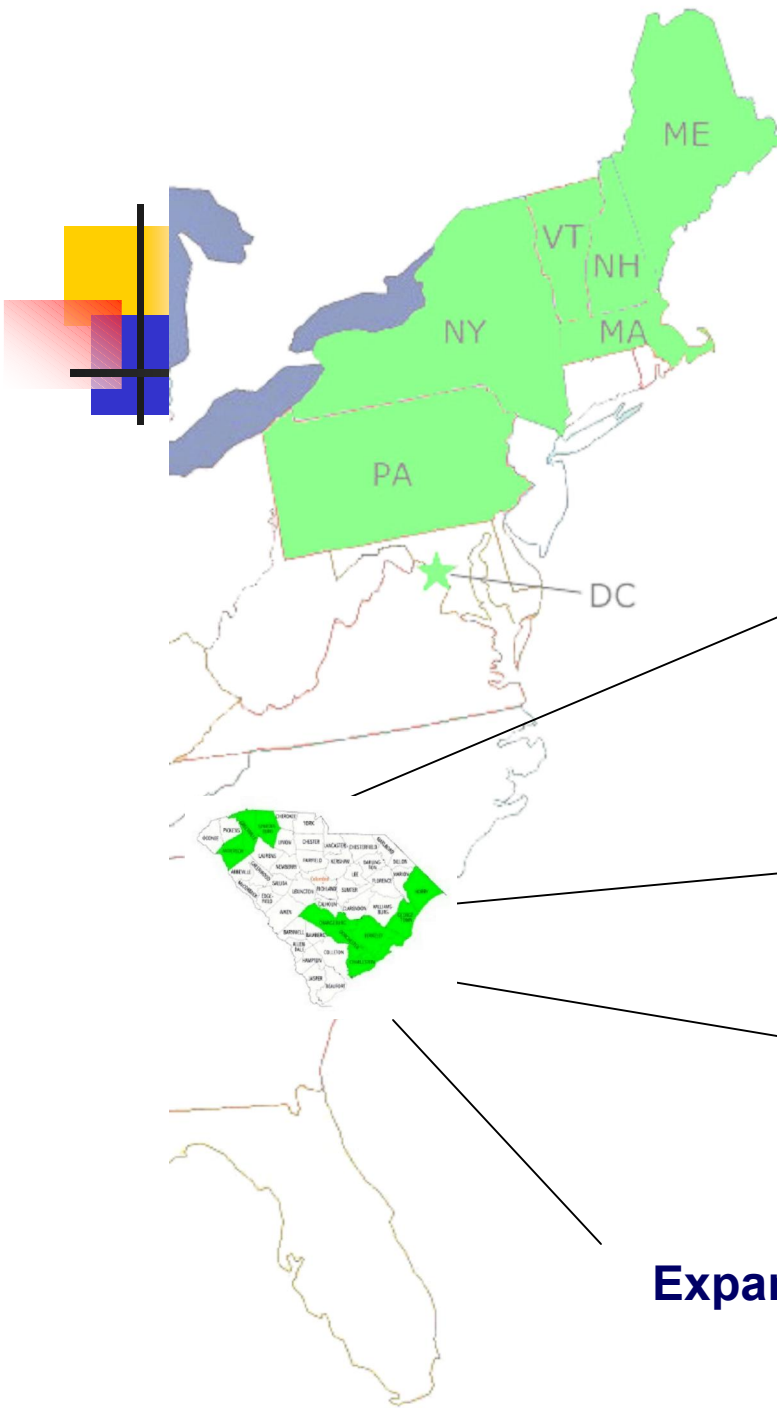


implementation in 9 counties

39% of the state's Medicaid population

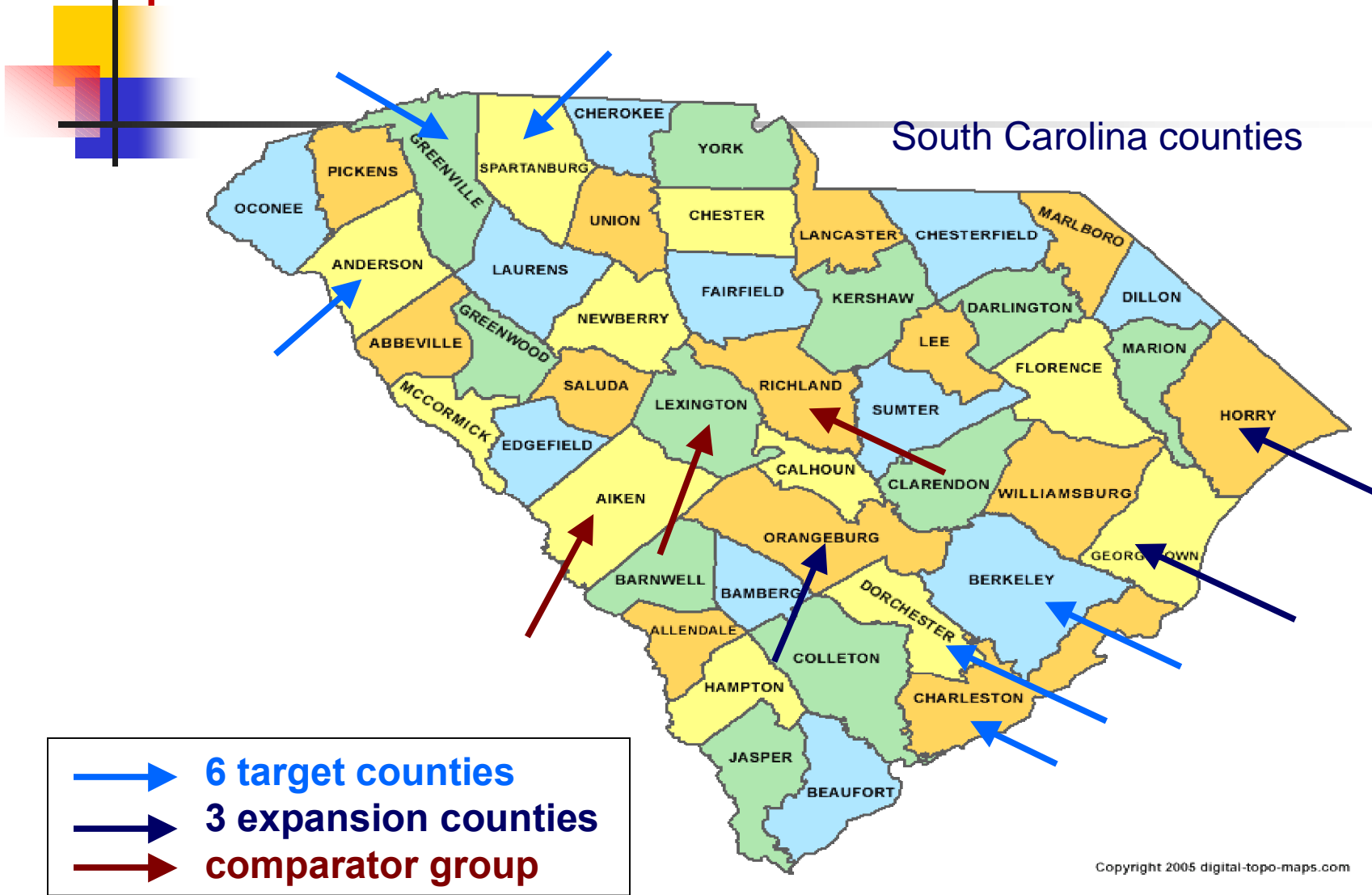
44% of total SC population

Expansion to pediatricians in 9 new counties in 2011



SCORxE Phase II Implementation

Expansion Counties



Illustrative Media Coverage

The States Take On the Drug Pitchmen - TIME

Aug 12, 2008 | South Carolina's new academic detailing program is an unbiased data source for doctors. www.time.com/time/nation/article/0,8599,1831405,00.html - 39k - Cached - Similar pages - Note this



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On a recent afternoon in Charleston, S.C., a food fight began again. Not a fight, really, but a disagreement among the leaders of the state's SCORxE program — designed to educate physicians with unbiased and accurate information about prescription drugs. The basic issue: Should representatives of the program bring the doctors pizza for lunch? Sarah Ball, the indefatigable pharmacist who leads SCORxE, says no. The whole point of SCORxE, after all, is to counteract Big Pharma's hard-sell drug marketing. But sometimes you have to fight fire with fire, says Dr. Robert Malcolm, a psychiatrist and adviser to SCORxE. "We are competing with people who bring food," he says.

Sponsored Links
I Had High Blood Pressure

Patients rarely question the drugs their doctors prescribe. But the truth is that doctors don't always

CME CONGRESS 2008: PROGRAM OF ABSTRACTS

Thursday May 29, 2008 Continued

POSTER SESSION A Continued
3:05 - 3:45

3:05 - 3:45
P20
(10150)

3:05 - 3:45
P21
(10168)

A STATE-SUPPORTED ACADEMIC DETAILING MEDICATION EDUCATION PROGRAM IN PENNSYLVANIA
M. Spelman^{1,2}, J. Avorn^{1,2}
¹Brigham and Women's Hospital, Boston, MA, USA; ²Harvard Medical School, Boston, MA, USA

SOUTH CAROLINA OFFERING PRESCRIBING EXCELLENCE (SCORxE) - THE SOUTH CAROLINA MEDICAID ACADEMIC DETAILING PROGRAM
S. Ball¹, M. Deacon¹, P. Muzar¹, S. Drayton¹, L. Egea¹, N. Hahn¹, W. Moran¹, J. Nagel¹, S. Raczon¹, J. Voss¹
¹South Carolina College of Pharmacy, Columbia & Charleston, SC, USA; ²Medical University of South Carolina, Charleston, SC, USA

MIC DETAILING IAL INITIATIVE



Sarah Ball, program director for academic detailing and assistant professor of clinical pharmacy and outcomes sciences at the University of South Carolina College of Pharmacy, is taking a similar approach. She is rolling out SCORxE, or South Carolina Offering Prescribing Excellence. The \$2 million program is being funded by the state Department of Health & Human Services. The two-year pilot is sending clinical pharmacists to physicians in counties with about half of the state's Medicaid population to talk treatment options in schizophrenia and major depressive disorders. If the SCORxE pilot is successful, it will go statewide.

"Academic detailing is a great approach to putting balanced information into prescribers' hands that is free from commercial influence," Ball said. "After 25 years of talking, action is finally rolling."



money while giving doctors research-based information unsullied by commercial interest. Drug-makers' representatives' purpose in visiting doctors is to sell their drugs.

"If it is effective, the ultimate outcome will be better health care and improved cost-effectiveness," said program director Sarah Ball.

Lacking information on the relative effectiveness of different drugs, many doctors prescribe the newest, most expensive ones, even if they don't work best.

S.C. officials haven't estimated how much — if any — the program will save on drugs. But they expect overall savings in health care costs.

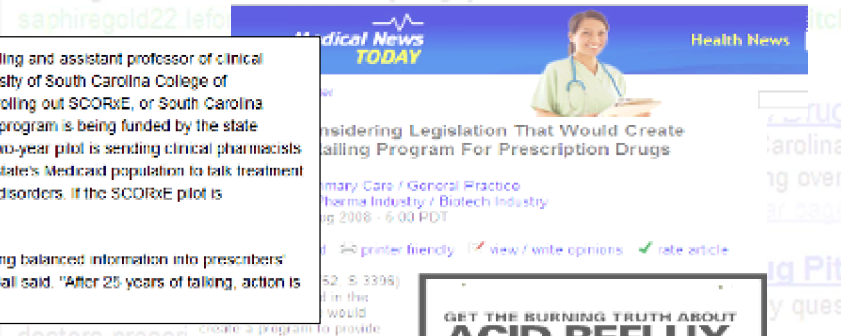
That's because the program isn't just about saving money on drugs. In fact, it might recommend a costly drug over a cheaper one, to prevent side effects that can result in expensive hospital stays.

The States Take On the Drug Pitchmen - Business Exch

The States Take On the Drug Pitchmen, who leads SCORxE, says r after all, is to counteract Big Pharma's hard-sell drug ... www.businessweek.com/drug...states-take-on-the-drug-pitchmen/364523802ba19c4a5... - 17k - Cached - Similar pages - Note this

The States Take On the Drug Pitchmen

[image]A South Carolina program aimed at cutting drug costs by giving winning over even conservatives [image]



South Carolina Pilot Program

In related news, the South Carolina Department of Health and Human Services and the South Carolina College of Pharmacy have launched a pilot program that aims to educate physicians who treat Medicaid beneficiaries about the most cost-effective treatments, the Columbia State reports. Through the academic detailing program, pharmacists visit physician offices to give doctors research-based information that is not influenced by pharmaceutical companies. According to a 2007 review of 59 studies, even short, one-time interactions between pharmacists and physicians can improve patient care, with up to 6% of physicians changing how they practiced after such meetings.

Program Director Sarah Ball said, "If it is effective, the ultimate outcome will be better health care and improved cost-effectiveness." State officials do not know whether the program will reduce drug costs, but they do expect a savings in overall



IDEA (Independent Drug Education and Outreach Act) 2009

- S.767 and HR 1859
 - Goal: send trained pharmacists, nurses and other health care professionals into prescribers' offices to provide them with independent, evidence-based information on treatment options for various disease states
- Proposed Funding: grants and/or contracts through AHRQ
- Status: Not passed; cut from final health care bill



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- Use of evidence-based information resources
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Evidence-based Resources for Information on Medications

- PrescribersqLetter
 - www.prescribersletter.com
- Medical Letter and Treatment Guidelines
 - www.medicalletter.org
- FDA Med Watch
 - www.fda.gov

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Is New Always Better?

- Follow-on drugs

- Armodafinil (Nuvigil®)
- Dexlansoprazole (Dexilant®/Kapidex®)
- Desvenlafaxine (Pristiq®)
- Fenofibric acid (Trilipix®)
- Fesoterodine (Toviaz®)

- Original Product

- _____
- _____
- _____
- _____
- _____



Is New Always Better?

■ Follow-on drugs

- Armodafinil (Nuvigil®)
- Dexlansoprazole (Dexilant®/Kapidex®)
- Desvenlafaxine (Pristiq®)
- Fenofibric acid (Trilipix®)
- Fesoterodine (Toviaz®)

■ Original Product

- Modafinil (Provigil®)
- Lansoprazole (Prevacid®)
- Venlafaxine (Effexor®)
- Fenofibrate (Tricor®)
- Fesoterodine (Detrol®)



STEPS TO EVALUATE A NEW DRUG

- **S**afety
- **T**olerability
- **E**fficacy
- **P**rice
- **S**implicity

STEPS columns found in American Family Physician
www.aafp.org



STEPS example

- **Saxagliptin (Onglyza) for Type 2 Diabetes Mellitus**

- *Am FamPhysician*. 2010 Jun 15;81(12):1483-1484.

- **Bottom Line**

- %Saxagliptin lowers A1C levels to a lesser extent and is much more expensive than first-line therapy with metformin. Its ability to decrease diabetes-related complications, including mortality, is not known. It is a DPP-4 inhibitor that has a more significant drug interaction profile than sitagliptin and offers little cost advantage. For these reasons, saxagliptin should be reserved as an alternative therapy for patients who cannot tolerate other treatments for type 2 diabetes or in whom other treatments fail.+

7C's

Tips for more useful interactions with Pharmaceutical representatives

- Card
- Contraindications
- Common side effects
- Clinically important drug interactions
- Cost to patient
- Clinical bottom line/outcomes data
- Can you leave some----?

Acknowledgements to SCFP pharmD colleagues



Pharmacists as Members of Health Care Team

- Consider pharmacists as essential members of the health care team
- Establishing collaborative relationships with pharmacists can be key to achieving Patient Centered Medical Home (PCMH) designation



2011 PCMH Standards

- **PCMH 3 Plan and Manage Care**
- **PCMH 4 Provide Self-Care Support and Community Resources**



2011 PCMH Standards

- **PCMH 3 Plan and Manage Care**
 - Implement evidence-based guidelines
 - Identify high-risk patients
 - **Care management**
 - **Medication management**
 - Use Electronic prescribing



PCMH3C Care Management

- **Conducts pre-visit preparations**
- **Collaborates with patient to develop care plan, including treatment goals**
- **Gives patient written care plan**
- **Assesses and addresses barriers to treatment goals**
- **Gives patient clinical summary at relevant visits**
- **Identifies patients who need more care management support**
- **Follows up with patients who have not kept important appointments**



PCMH3D Medication Management

- **Reviews and reconciles medications for more than 50% of care transitions** -CRITICAL FACTOR**
- **Reviews and reconciles medications for more than 80% of care transitions**
- **Provides information about new prescriptions to more than 80% of patients**
- **Assess patient understanding of medications for more than 50% of patients**
- **Assesses patient response to medication and barriers to adherence for more than 50% of patients**
- **Documents OTCs, herbal/supplements, for more than 50% of patients, with date of update**



2011 PCMH Standards

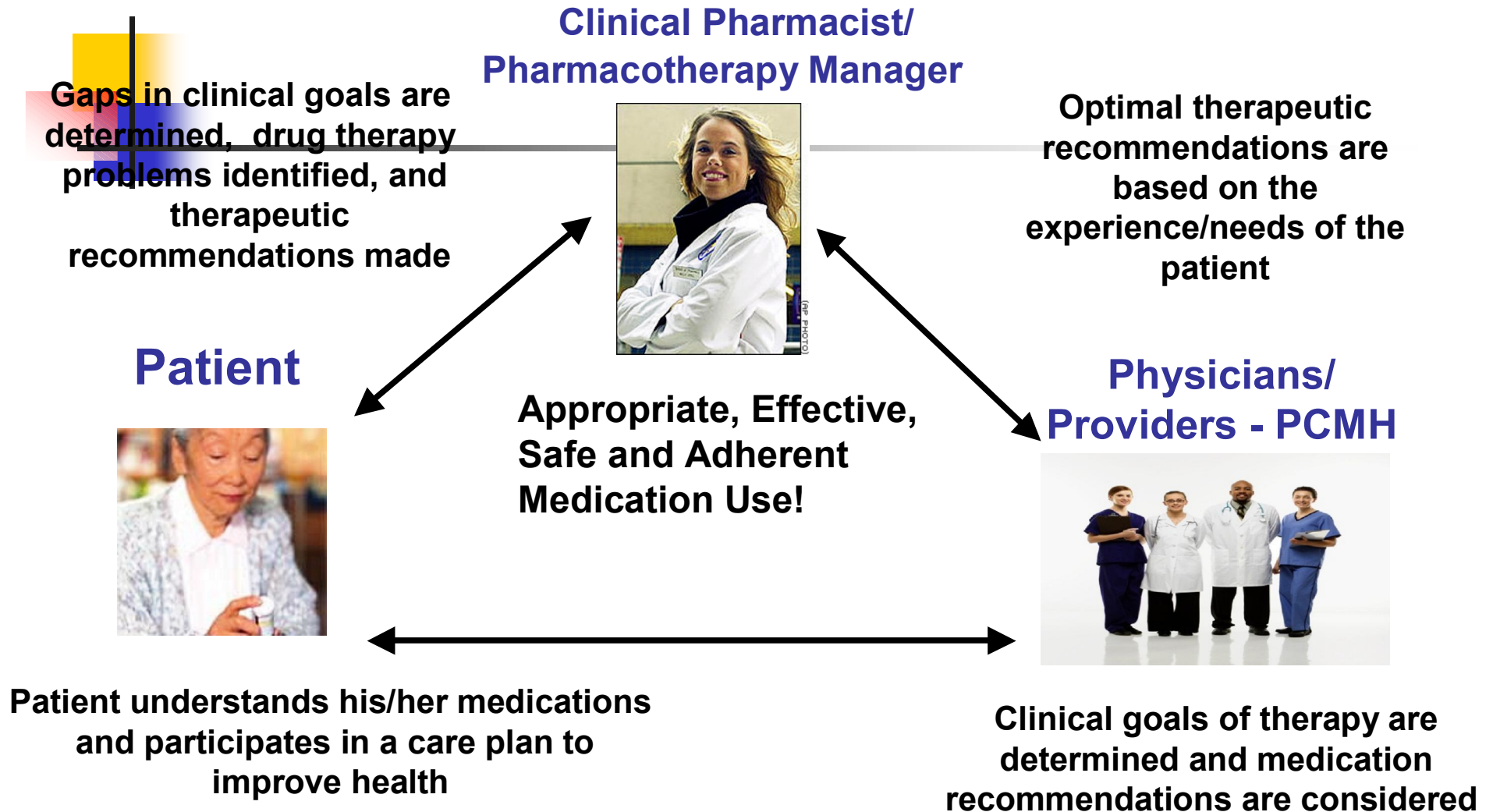
- **PCMH 4 Provide Self-Care Support and Community Resources**
 - Support Self-care process
 - Provide referrals to community resources



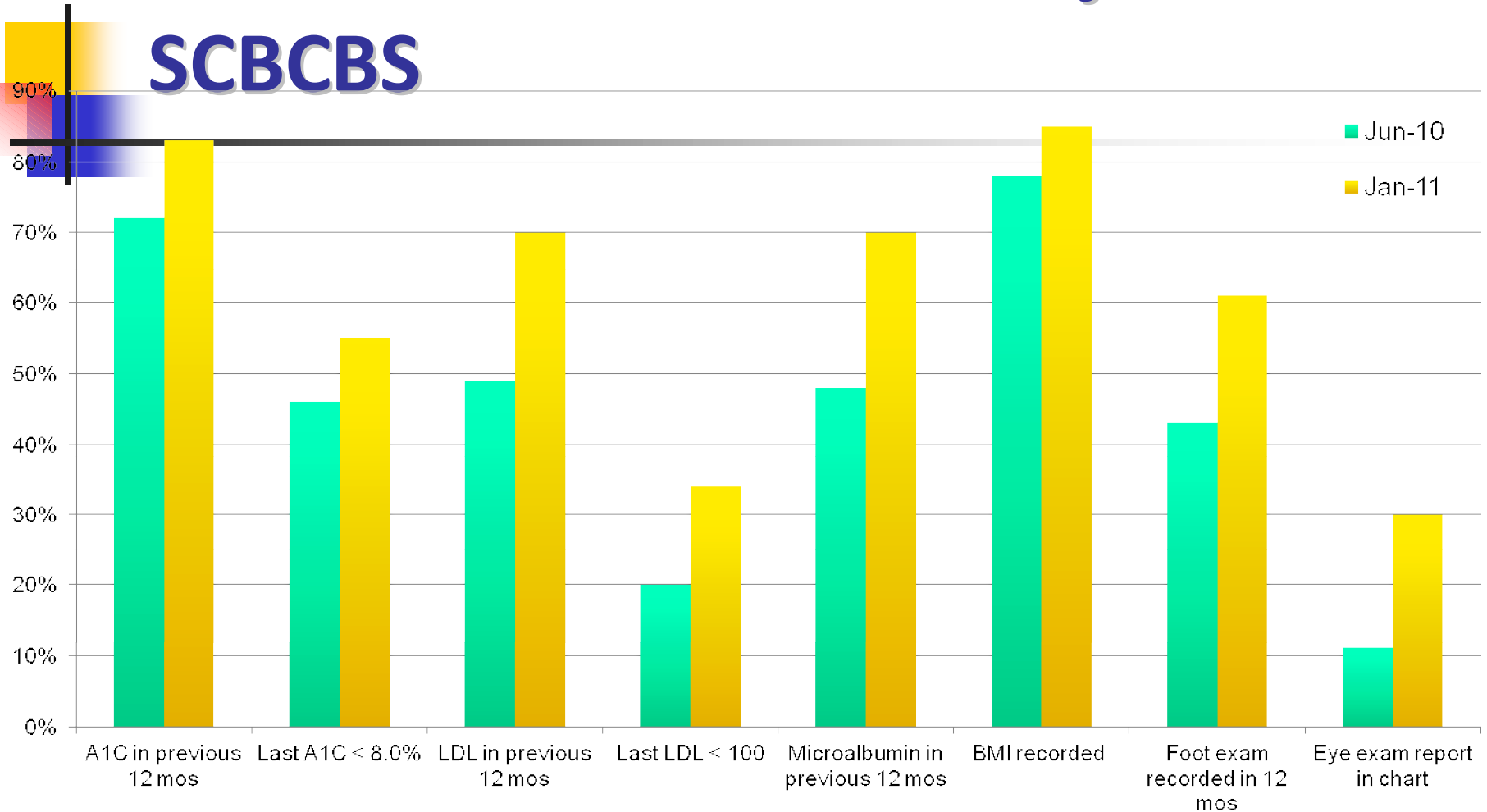
PCMH4A Supports Self-Care Process

- Practice conducts activities to support patients in self-management:
 - Provides education resources or refers at least 50% of patients to educational resources
 - Uses EHR to identify education resources and provide them to 10% of patients**
 - Collaborates with at least 50% of patients to develop and document self-management plans and goals-CRITICAL FACTOR
 - Documents self-management abilities for at least 50% of patients
 - Provides self-management result recording tools to at least 50% of patients
 - Counsels at least 50% of patients on adopting health lifestyles

Comprehensive Medication Management in the PCMH



DFPM Demonstration Project with SCBCBS



UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE




Payment for Medication Management Services

“The following recognize and are providing payment for the service:

- “ The Federal Government in Medicare Part D
- “ State Medicaid Governments (for example, Minnesota, North Dakota, New York,)
- “ Employers (e.g., General Mills)
- “ Commercial plans

“Mechanisms for Payment

- “ Current Procedural Terminology (CPT) Codes for pharmacist-provided MTM services
- “ Evaluation and Management (E&M) CPT Codes
- “ Capitated Payment Methodologies
- “ Fee-for-service/Self-pay by patients



“Pharmaceuticals are the most common medical intervention, and their potential for both help and harm is enormous. Ensuring that the American people get the most benefit from advances in pharmacology is a critical component of improving the national health care system.”

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1 The Institute of Medicine, National Academy of Sciences. Informing the future: Critical issues in health. Fourth edition, page 13.
<http://www.nap.edu/catalog/12014.html>



References and Resources

- www.sccp.sc.edu/centers/SCORxE
- <http://www.aafp.org/afp/steps>.
- Avorn J and Soumerai SB. Improving Drug-Therapy Decisions through Educational Outreach · A Randomized Controlled Trial of Academically Based Detailing N Engl J Med 1983; 308:1457-1463
- Avorn J, Chen M and Hartley R. Scientific versus commercial sources of influence on the prescribing behavior of physicians. Am J Med 1982;73:4-8.
- Stafford RS, Bartholomew LK, Cushman WC et al. Impact of the ALLHAT/JNC7 Dissemination Project on thiazide-type diuretic use. Arch Intern Med 2010;170(10):851-858.
- Schiff GD and Galanter WI. Promoting more conservative prescribing. JAMA 2009;301(8): 865-867.
- Smith M, Bates, DW, Bodenheimer T and Cleary PD. Why pharmacists belong in the medical home. Health Affairs 2010.